


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90107 028 ****61.25

DOCUMENT # 707740			
1. Entity Name FIRST CHRISTIAN CHURCH OF VENICE, INC.			
Principal Place of Business 1100 CENTER RD VENICE, FL 34292		Mailing Address 1100 CENTER RD VENICE, FL 34292	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MILLER, WILLIAM D 4863 ORANGE TREE PLACE VENICE, FL 34293		7. Name and Address of New Registered Agent Name MARSHALL BOYETTE Street Address (P.O. Box Number is Not Acceptable) 117 SATULAH CIRCLE City VENICE FL Zip Code 34293	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Marshall Boyette</i> MARSHALL BOYETTE, PRESIDENT DATE 1-14-2007		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, DONALD 3759 BISCAYNE DRIVE N NORTH PORT, FL 34286 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYETTE, MARSHALL 117 SATULAH CIRCLE VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, FRED A 4863 ORANGE TREE PL VENICE, FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMANAMY, RUSSELL 465 AZURE ROAD VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILEY, PAMELA 137 WADING BIRD DRIVE VENICE, FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLACH, GARY 516 CEDARWOOD LANE VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONANNO, PHILIP 2680 VALENCIA ROAD VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, CURTIS 364 SWALLOW CIRCLE VENICE, FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Marshall Boyette</i> MARSHALL BOYETTE DATE 1/14/07 DAYTIME PHONE # 941-408-8088		Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	